

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Rhode Island Hope PAC

ADDRESS (number and street)

607 14th Street, NW

Suite 800

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00431601

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☒January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Grace Diaz

Signature of Treasurer

Electronically Filed by Grace Diaz

Date

01

29

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
Rhode Island Hope PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		12516.55
(b) Cash on Hand at Beginning of Reporting Period	22991.75	
(c) Total Receipts (from Line 19)	123300.00	165950.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	146291.75	178466.55
7. Total Disbursements (from Line 31)	105376.55	137551.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40915.20	40915.20
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	9069.53	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Rhode Island Hope PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	0	3	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	74300.00	106800.00
(ii) Unitemized	0.00	150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	74300.00	106950.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	49000.00	59000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	123300.00	165950.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	123300.00	165950.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	123300.00	165950.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	35376.55	67551.35	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	35376.55	67551.35	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70000.00	70000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	105376.55	137551.35	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	105376.55	137551.35	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	123300.00	165950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	123300.00	165950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35376.55	67551.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35376.55	67551.35

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)

Stephen W. Parker

Mailing Address 78 Dryden Road

City

Bernardsville

State

NJ

Zip Code

09724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Recorder Publishing Compa-
ny

Occupation

Newspaper Co-Publisher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	0	9

Transaction ID: C4593360

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Lucy S. Winton

Mailing Address 126 West 11th Street
Apartment 4

City

New York

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Painter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	9

Transaction ID: C4661040

Amount of Each Receipt this Period

1800.00

C.

Full Name (Last, First, Middle Initial)

Peter Morton

Mailing Address 510 North Robertson Boulevard

City

Los Angeles

State

CA

Zip Code

90048

FEC ID number of contributing
federal political committee.

C

Name of Employer
The N9ne Group

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	9

Transaction ID: C4630401

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

7300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)

Sean Richardson

Mailing Address 3023 18th Street, South

City

Arlington

State

VA

Zip Code

22204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peck Madigan Jones & Stew-
art

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: C4652342

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Alan C. Fox

Mailing Address 12411 Ventura Boulevard

City

Studio City

State

CA

Zip Code

91604

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACF Property Management

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C4502282

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Bertram W. Carp

Mailing Address 108 East Lake Drive

City

Annapolis

State

MD

Zip Code

21403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Williams & Jensen, PLLC

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: C4517552

Amount of Each Receipt this Period

3500.00

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)

Mark J. Ohrstrom

Mailing Address 3760 Whitewood Road

City

The Plains

State

VA

Zip Code

20198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Larkspur Management

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: C4671964

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gerald T. Harrington

Mailing Address 209 Blackberry Hill Drive

City

South Kingston

State

RI

Zip Code

02879

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol City Group, LLC

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: C4517554

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Peter Harter

Mailing Address 1414 22nd Street, NW
Apartment 35

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intellectual Ventures

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: C4615405

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)

Peter D. Kiernan

Mailing Address 428 Round Hill Road

City

Greenwich

State

CT

Zip Code

06831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kiernan Ventures

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 9

Transaction ID: C4381535

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey T. Leeds

Mailing Address 435 East 52nd Street
Apartment 11-G

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leeds Equity Partners

Occupation

Fund Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C4677225

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Brook H. Byers

Mailing Address 2750 Sand Hill Road

City

Menlo Park

State

CA

Zip Code

94025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kleiner Perkins Caufield &
Byers

Occupation

Venture Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C4673846

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)

Thomas P. Hogan

Mailing Address 12 Jason's Grant Drive

City

Cumberland

State

RI

Zip Code

02864

FEC ID number of contributing
federal political committee.

C

Name of Employer
F/S Capitol Consulting,
LLC

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: C4502276

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Christopher H. Bartle

Mailing Address 80 Tegan Lane

City

Dover

State

MA

Zip Code

02030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Market Shield Capital, LLC

Occupation

Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: C4587937

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Janet G. Whitehouse

Mailing Address 7476 Frogtown Road

City

Marshall

State

VA

Zip Code

20115

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 9

Transaction ID: C4673847

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)

J. Russell Rueff, Jr.

Mailing Address 428 Roblar Avenue

City

Hillsborough

State

CA

Zip Code

94010

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: C4671977

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Edward A. Hosp

Mailing Address 1401 Roseland Drive

City

Birmingham

State

AL

Zip Code

35209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maynard Cooper & Gale, P.-
C.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: C4536398

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

C. Bowdoin Train

Mailing Address 3303 Water Street, NW
Apartment 8F

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grosvenor Funds

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C4677228

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)

Brian S. Snyder

Mailing Address 40 East 83rd Street

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Snyder Holdings

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: C4656789

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

George A. Zelcs

Mailing Address 509 Elm Road

City

Barrington

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Korein Tillery, LLC

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C4677119

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Charles C. Townsend

Mailing Address 4 Richmond Square

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
HW Management

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: C4671959

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)

Bickel & Brewer

Mailing Address 1717 Main Street
Suite 4800

City State Zip Code
Dallas TX 75201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: C4517549

Amount of Each Receipt this Period

5000.00

PARTNERSHIP--partners below if itemized

B.

Full Name (Last, First, Middle Initial)

Bill Brewer

Mailing Address 1717 Main Street
Suite 4800

City State Zip Code
Dallas TX 75201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bickel & Brewer

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: C4517551

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

74300.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 36

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Rhode Island Hope PAC

A.Full Name (Last, First, Middle Initial)
Comcast Corporation Political Action CommitteeMailing Address 1701 JFK Boulevard
49th FloorCity State Zip Code
Philadelphia PA 19103FEC ID number of contributing
federal political committee.**C** C00248716

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C4502280

Amount of Each Receipt this Period

2500.00

B.Full Name (Last, First, Middle Initial)
Lockheed Martin Corporation Employees' PACMailing Address 1550 Crystal Drive
Suite 300City State Zip Code
Arlington VA 22202FEC ID number of contributing
federal political committee.**C** C00303024

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	9

Transaction ID: C4559960

Amount of Each Receipt this Period

5000.00

C.Full Name (Last, First, Middle Initial)
Comcast Corporation Political Action CommitteeMailing Address 1701 JFK Boulevard
49th FloorCity State Zip Code
Philadelphia PA 19103FEC ID number of contributing
federal political committee.**C** C00248716

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: C4673803

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 36

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)
DLA Piper, LLP Political Action Committee

Mailing Address 500 8th Street, NW
Suite 700

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee. **C** C00151340

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: C4560384

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
KPMG Partners/Principal & Employees PAC

Mailing Address P.O. Box 18254

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee. **C** C00280222

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: C4542885

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
Buchanan Ingersoll & Rooney Comm. for Effect. Govt

Mailing Address One Oxford Centre
301 Grant Street 20th Floor

City State Zip Code
Pittsburgh PA 15219

FEC ID number of contributing
federal political committee. **C** C00195388

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: C4517545

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 36

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)

Anheuser-Busch Companies, Inc. PAC

Mailing Address One Busch Place 202-7

City

Saint Louis

State

MO

Zip Code

63118

FEC ID number of contributing
federal political committee.

C

C00034488

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: C4593366

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

American Dental Association Political Action Comm.

Mailing Address 1111 14th Street, NW
Suite 1100

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

C00000729

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: C4615407

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Real Estate Roundtable Political Action Committee

Mailing Address 801 Pennsylvania Avenue, NW
Suite 720

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

C00033779

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: C4559667

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 36

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)

Raytheon Company Political Action Committee

Mailing Address 1100 Wilson Boulevard
Suite 1500

City State Zip Code
Arlington VA 22209

FEC ID number of contributing
federal political committee.

C C00097568

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: C4502278

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

American Association For Justice PAC

Mailing Address 1050 31st Street, NW

City State Zip Code
Washington DC 20007

FEC ID number of contributing
federal political committee.

C C00024521

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: C4517548

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

SAIC, Inc. Voluntary Political Action Committee

Mailing Address 10260 Campus Point Drive
MS:F2

City State Zip Code
San Diego CA 92121

FEC ID number of contributing
federal political committee.

C C00300418

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 9

Transaction ID: C4536039

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 36

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)

General Dynamics Voluntary PCP

Mailing Address 2941 Fairview Park Drive
Suite 100

City	State	Zip Code
Falls Church	VA	22042

FEC ID number of contributing
federal political committee.**C** C00078451

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	0	9

Transaction ID: C4381539

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

49000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A. Full Name (Last, First, Middle Initial)
Campaign Finance Consultants

Mailing Address 10 G Street, NW
Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Fundraising Consulting Services & Catering

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D252290

Date of Disbursement

11 / 16 / 2009

Amount of Each Disbursement this Period

3200.52

B. Full Name (Last, First, Middle Initial)
Merchant Account Services

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D252300

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

79.90

C. Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D253310

Date of Disbursement

07 / 03 / 2009

Amount of Each Disbursement this Period

147.50

SUBTOTAL of Disbursements This Page (optional)

3427.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)
Campaign Finance Consultants

Mailing Address 10 G Street, NW
Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D252291

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

2699.64

B.

Full Name (Last, First, Middle Initial)
Merchant Account Services

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D252301

Date of Disbursement

12 / 02 / 2009

Amount of Each Disbursement this Period

79.20

C.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D252311

Date of Disbursement

08 / 03 / 2009

Amount of Each Disbursement this Period

147.50

SUBTOTAL of Disbursements This Page (optional)

2926.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D236551 Date of Disbursement																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	6		2	0	0	9												
City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">152.45</td> </tr> </table>	152.45																			
152.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Traveling Gourmet, Inc.	Transaction ID: D236542 Date of Disbursement																				
Mailing Address 161 Intrepid Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	1		2	0	0	9												
City Jamestown State RI Zip Code 02835	Amount of Each Disbursement this Period																				
Purpose of Disbursement Catering Candidate Name	<table border="1"> <tr> <td colspan="10">639.36</td> </tr> </table>	639.36																			
639.36																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Campaign Finance Consultants	Transaction ID: D237092 Date of Disbursement																				
Mailing Address 10 G Street, NW Suite 470	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	9												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraising Consulting Services & Catering Candidate Name	<table border="1"> <tr> <td colspan="10">3873.49</td> </tr> </table>	3873.49																			
3873.49																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4665.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) NGP Software</p> <p>Mailing Address 1225 Eye Street, NW Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Database & Website Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D252303</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 750.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) The Clarke Cookhouse</p> <p>Mailing Address P.O. Box 249</p> <p>City Newport State RI Zip Code 02840</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D236543</p> <p>Date of Disbursement 08 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 2505.85</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) NGP Software</p> <p>Mailing Address 1225 Eye Street, NW Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Database & Website Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D252304</p> <p>Date of Disbursement 11 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 750.00</p>

SUBTOTAL of Disbursements This Page (optional)

4005.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)
Campaign Finance Consultants

Mailing Address 10 G Street, NW
Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D239134

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

3505.02

B.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D252285

Date of Disbursement

08 / 11 / 2009

Amount of Each Disbursement this Period

4.95

C.

Full Name (Last, First, Middle Initial)
Merchant Account Services

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D252295

Date of Disbursement

08 / 04 / 2009

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

3534.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D252286 Date of Disbursement																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	1		2	0	0	9												
City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">4.95</td> </tr> </table>	4.95																			
4.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Merchant Account Services	Transaction ID: D252296 Date of Disbursement																				
Mailing Address P.O. Box 6600	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	9												
City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">46.15</td> </tr> </table>	46.15																			
46.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Merchant Account Services	Transaction ID: D252297 Date of Disbursement																				
Mailing Address P.O. Box 6600	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	3		2	0	0	9												
City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">0.73</td> </tr> </table>	0.73																			
0.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

51.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A. Full Name (Last, First, Middle Initial) Campaign Finance Consultants

Mailing Address 10 G Street, NW
Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D236557

Date of Disbursement

07 / 17 / 2009

Amount of Each Disbursement this Period

3035.58

B. Full Name (Last, First, Middle Initial) American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D252287

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

4.95

C. Full Name (Last, First, Middle Initial) H & W Printing

Mailing Address 3616 Oak Lane

City Mount Rainier State MD Zip Code 20712

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D235648

Date of Disbursement

07 / 27 / 2009

Amount of Each Disbursement this Period

1236.90

SUBTOTAL of Disbursements This Page (optional)

4277.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 53852

City State Zip Code
Phoenix AZ 85072

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D252288

Date of Disbursement

/ /

Amount of Each Disbursement this Period

97.35

B.

Full Name (Last, First, Middle Initial)
Merchant Account Services

Mailing Address P.O. Box 6600

City State Zip Code
Hagerstown MD 21740

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D252298

Date of Disbursement

/ /

Amount of Each Disbursement this Period

81.10

C.

Full Name (Last, First, Middle Initial)
Merchant Account Services

Mailing Address P.O. Box 6600

City State Zip Code
Hagerstown MD 21740

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D236548

Date of Disbursement

/ /

Amount of Each Disbursement this Period

0.70

SUBTOTAL of Disbursements This Page (optional)

179.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)
Seascope Systems, Inc.

Mailing Address 103 Ruggles Avenue

City Newport State RI Zip Code 02840

Purpose of Disbursement
Facility Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D236558

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3392.50

B.

Full Name (Last, First, Middle Initial)
Campaign Finance Consultants

Mailing Address 10 G Street, NW
Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Fundraising Consulting Services & Catering

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D252289

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3505.02

C.

Full Name (Last, First, Middle Initial)
Merchant Account Services

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D252299

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.78

SUBTOTAL of Disbursements This Page (optional)

6909.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A. Full Name (Last, First, Middle Initial) Merchant Account Services Mailing Address P.O. Box 6600	Transaction ID: D236549 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 9</div> </div>
City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>24.30</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2855 City New York State NY Zip Code 10116 Purpose of Disbursement Credit Card Payment, See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D235646 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>513.60</div>
C. Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address P.O. Box 36647 - 1CR City Dallas State TX Zip Code 75235 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D235647 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>513.60</div> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

537.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2855	Transaction ID: D237093 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 9</div> </div>
City New York State NY Zip Code 10116 Purpose of Disbursement Credit Card Payment, See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>4823.92</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Hotel Viking Mailing Address 1 Bellevue Avenue City Newport State RI Zip Code 02840 Purpose of Disbursement Catering & Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D237094 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>3633.92</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) Viking Motor Tours Mailing Address P.O. Bix 330 City Newport State RI Zip Code 02840 Purpose of Disbursement Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D237095 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>690.00</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

4823.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)

The Clarke Cookhouse

Mailing Address P.O. Box 249

City
Newport

State
RI

Zip Code
02840

Purpose of Disbursement
Catering

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D237096

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

35339.91

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A. Full Name (Last, First, Middle Initial) Friends For Harry Reid	Transaction ID: D239141 Date of Disbursement
Mailing Address P.O. Box 19163	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 8 / 2 0 0 9</div> </div>
City Las Vegas State NV Zip Code 89132	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Harry Reid	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends Of Barbara Boxer	Transaction ID: D252292 Date of Disbursement
Mailing Address PO Box 411176	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 7 / 2 0 0 9</div> </div>
City Los Angeles State CA Zip Code 90041-8176	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Barbara Boxer	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends For Harry Reid	Transaction ID: D239142 Date of Disbursement
Mailing Address P.O. Box 19163	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 8 / 2 0 0 9</div> </div>
City Las Vegas State NV Zip Code 89132	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Harry Reid	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)
Friends Of Blanche Lincoln

Mailing Address P.O. Box 3197

City State Zip Code
Little Rock AR 72203

Purpose of Disbursement
Contribution

Candidate Name
Blanche Lincoln

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District:

Transaction ID: D252293

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Langevin For Congress

Mailing Address 181-A Knight Street

City State Zip Code
Warwick RI 02886

Purpose of Disbursement
Contribution

Candidate Name
James R. Langevin

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 02

Transaction ID: D239143

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
Hodes For Senate

Mailing Address 379 Elm Street

City State Zip Code
Manchester NH 03101

Purpose of Disbursement
Contribution

Candidate Name
Paul Hodes

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District:

Transaction ID: D252294

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 / 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC**A.**Full Name (Last, First, Middle Initial)
Langevin For Congress

Mailing Address 181-A Knight Street

City State Zip Code
Warwick RI 02886Purpose of Disbursement
ContributionCandidate Name
James R. LangevinCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 02

Transaction ID: D239144

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Amount of Each Disbursement this Period

5000.00

B.Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City State Zip Code
Washington DC 20002Purpose of Disbursement
2009 ContributionCandidate Name
Democratic Senatorial Campaign CommitteeCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D235645

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	9

Amount of Each Disbursement this Period

15000.00

C.Full Name (Last, First, Middle Initial)
Friends Of Patrick J. Kennedy, Inc.

Mailing Address P.O. Box 321

City State Zip Code
Pawtucket RI 02860Purpose of Disbursement
ContributionCandidate Name
Patrick J. KennedyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 01

Transaction ID: D239135

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A. Full Name (Last, First, Middle Initial)
Leahy For US Senator Committee

Mailing Address P.O. Box 1042

City Montpelier State VT Zip Code 05601

Purpose of Disbursement
Contribution

Candidate Name
Patrick Leahy

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VT District:

Transaction ID: D239145

Date of Disbursement

M M / D D / Y Y Y Y
09 18 2009

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Friends Of Chris Dodd

Mailing Address P.O. Box 270701

City West Hartford State CT Zip Code 06127

Purpose of Disbursement
Contribution

Candidate Name
Christopher J. Dodd

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District:

Transaction ID: D239136

Date of Disbursement

M M / D D / Y Y Y Y
09 18 2009

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Friends Of Barbara Boxer

Mailing Address PO Box 411176

City Los Angeles State CA Zip Code 90041-8176

Purpose of Disbursement
Contribution

Candidate Name
Barbara Boxer

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Transaction ID: D239146

Date of Disbursement

M M / D D / Y Y Y Y
09 18 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)
Friends Of Chris Dodd

Mailing Address P.O. Box 270701

City State Zip Code
West Hartford CT 06127

Purpose of Disbursement
Contribution

Candidate Name
Christopher J. Dodd

Office Sought: ☐ House
☒ Senate
☐ President

State: CT

District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: D239137

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

70000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Perkins CoieNature of Debt (Purpose):
Legal & Accounting ServicesMailing Address 607 14th Street, NW
Suite 800City State ZIP Code
Washington DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID: D252310

Amount Incurred This Period

9069.53

Payment This Period

0.00

Outstanding Balance at Close of This Period

9069.53

1) **SUBTOTALS** This Period This Page (optional)..... ▶

9069.53

2) **TOTALS** This Period (last page this line number only)..... ▶

9069.53

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

9069.53